

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Emmett J J Doerr Jr MD FACP

Mailing Address 1020 Farm Brook Ln NE

City

Brookhaven

State

GA

Zip Code

30319-4562

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2016

Transaction ID : C3320689

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David J Dunbar MD FACP

Mailing Address 1531 Kensington Ln

City

Lancaster

State

OH

Zip Code

43130-8901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Hospitalist

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 03 / 2016

Transaction ID : C3306341

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lawrence L Faltz MD MACP

Mailing Address 29 Maplewood St

City

Larchmont

State

NY

Zip Code

10538-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phelps Memorial Hospital Center

Occupation

Chief Medical Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2016

Transaction ID : C3309122

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00